



Alamance
County
Health
Department

EveryWhere.EveryDay.EveryBody.

**Alamance County Health Department
Strategic Action Plan
2011 – 2015**

In December 2010, the Health Department's Leadership Team, Board of Health Members, and Community Partners began a strategic planning process with the goal of identifying health priorities in Alamance County. Local health data was carefully reviewed and strategic planning participants voted on health issues that they felt were most important. Teen Pregnancy Prevention, Chronic Disease Prevention, Infant Mortality Reduction, Youth Tobacco Prevention, Environmental Health Hazards Prevention and Unintentional Injury Prevention were chosen as top priority health issues. Participants created a 5 year action plan for each priority area. The Health Department will use this plan to guide their services, activities, and resources over the next five years. The overall goal is to improve and protect the health of Alamance County residents and to excel in providing high quality public health services.

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The first step of the strategic planning process involved a review and analysis of factors influencing the Alamance County Health Department's ability to improve the community's health. Members were asked to list strengths, weaknesses, opportunities and threats.

Strengths	Weaknesses	Opportunities	Threats
<ul style="list-style-type: none"> • Student interns aid staffing needs • Volunteer structure of local health coalitions is stable • Proactive vs. Reactive response to Public Health issues • Establishment of Children's Dental Clinic • TOP Program • Healthy Alamance • Creation of Pediatric Asthma Center • Recipient of many awards/grants • CD outbreak management • Teamwork during staff shortages • Program maintenance during staff shortages • High Quality Care • Wellness Program • Our reputation at state level • Outreach efforts <p><i>Continued on next page</i></p>	<ul style="list-style-type: none"> • Volunteers short-term • Short staffing affects services • Lack of staff/money affects resources • Ability to recruit/retain due to salary • Constantly putting out fires • Outcome driven evaluation of health programs • Barriers between state and local initiatives • Community leaders do not reflect county's population • Economic Resources • Facilities • Lack of infrastructure for secure/encrypted electronic data exchange 	<ul style="list-style-type: none"> • One Hospital • One School System • Healthy Alamance • Motivated community • Supportive BOH • Good State Resources • Regional collaboration other county health programs • Positive Agency Image • Dedicated/ Flexible staff • Educate community leaders • Partnering with regional academic institutions • Career Ladder 	<ul style="list-style-type: none"> • Lack of financial resources • Lack of sustainability • Language barrier (Latino population) • Politics • Lack of staff • Lack of transportation • Insufficient support of Medical Community • Public perception of HD • Access to care • Inconsistent commitment of community providers to some services • Inability to support CD outbreak due to limited resources (staff, \$, time) • Continued ↑ in uncompensated care • Low staff morale ↑ workload • Inability to recruit and retain • Un-funded state mandates • Physical environment of workplace • Space issues / no room for expansion

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Strengths	Weaknesses	Opportunities	Threats
<ul style="list-style-type: none"> • Partnerships/ Collaborations • Preconceptional Health • CenteringPregnancy® in Maternity • Behavioral Health • Breastfeeding Peer Counselor Program • Stable Environmental Health workforce • Growing traditional and social media presence • QI/Accreditation 			

The following 5-year action plan was created by Management Team, Board of Health members, and community partners.

At the time of this document's update in June 2011, the quadrennial Community Health Assessment was still in progress. Objectives and data are subject to further updates and revisions, based upon completion of the 2011 Community Health Assessment, which is to be completed in December 2011.

The Alamance County Health Department is committed to carrying out the following strategies to improve the health of Alamance County residents.

Priority Area:
TEEN PREGNANCY PREVENTION

Goal:
Alamance County adolescents and young adults will make healthy choices related to sexual behavior.

- Objective(s):**
- Reduce the rate of pregnancies by 15% in adolescent females ages 15-19 by the year 2015. (Baseline Data – In 2009, the teen pregnancy rate among 15-19 years olds was 53.6 per 1,000. In 2009 there were 2 pregnancies for 10-14, year olds, 301 pregnancies for 15-19 year olds)
 - Reduce repeat pregnancies among adolescent females age 17 years or less by 35% by the year 2015. (Baseline Data - The repeat pregnancy percentage in 2009 was 30.9%. There were a total of 93 repeat teen pregnancies among 303 total teen pregnancies)
 - Reduce the Hispanic teen pregnancy rate by 10 % among 15-19 year olds by the year 2015. (Baseline Data – In 2009 rate the Hispanic teen pregnancy ages 15-19 rate was 118.1 per 1,000. There were a total of 68 Hispanic teen pregnancies.)

Activities	New or Continuing	Team Member(s) Responsible	Stakeholders/Resources Needed	Timeframe for Activity
1. Continue Adolescent Health Partnership focusing on adolescent risk reduction.	Continuing	Amanda Marvin	ABSS, Alamance Cares, Salvation Army Boys and Girls Club, Burlington Housing Authority, LME, ACC, Dispute Settlement and Youth Services, Alamance Citizens for a Drug Free Community, Faith Community	Ongoing
2. Continue Teen Outreach Program (TOP) with goal of expanding service learning to > 20 hrs/student.	Continuing	Amanda Marvin, Tiera Yancey	Adolescent Health Partnership Members	Increase service learning to goal by 2011-2012 school year
3. Support ABSS in their efforts to implement the Healthy Youth Act	Continuing	Amanda Marvin	Curriculum Administrator, Director of Student Services, School Nurses, Health/PE teachers, ACHD provider (possibly once a quarter)	Identify any ABSS needs with curriculum administrator by Fall 2011

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Activities	New or Continuing	Team Member(s) Responsible	Stakeholders/Resources Needed	Timeframe for Activity
4. Establish a teen clinic integrating family planning and continuity care.	New	Dr. Kathleen Shapley-Quinn, CHC Nurse Supervisor, Barry Bass, Christy Sykes	School nurses, School social workers, Board of Health, , Hire new provider or reallocate existing resources	Establish clinic by Fall 2012, form planning workgroup by July 2011.
5. Continue to provide abstinence counseling for teens and appropriate Family Planning services for patients in STD clinic	Continuing	Dr. Kathleen Shapley-Quinn, Nekaya Harrelson	Staff working in STD Clinic	Ongoing
6. Support the planning and implementation of the Nurse/Family Partnership Program.	New	Stacie Turpin-Saunders, Dr. Kathleen Shapley-Quinn, Gayle Shoffner, Barry Bass		TBD
7. Maximize client knowledge and availability of long acting reversible contraceptives and same day/next day insertion options for clients.	Continuing	Nekaya Harrelson, Gayle Shoffner, Stacie Turpin-Saunders, Dr. Kathleen Shapley-Quinn, Amanda Marvin		Implement same day/next day insertions of IUD and/or Implanon by June 2011.
8. Investigate feasibility of UNC and ARMC OBs inserting IUDs immediately postpartum.	New	Dr. Kathleen Shapley-Quinn		Contact UNC and ARMC providers by June 2011 to investigate.

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Activities	New or Continuing	Team Member(s) Responsible	Stakeholders/Resources Needed	Timeframe for Activity
9. Ensure the availability of same day/next day Family Planning appointments for all clients, including, but not limited to monitoring telephone call volumes to appointment lines, investigating possible self-services online appointment scheduling, and surveying community organizations serving teens.	Continuing	Amanda Marvin, Kathy Brooks, Kathleen Grasty, Eric Nickens, Jr., Barry Bass, Christy Bradsher, Karen Schwabrow	The Family Center of Alamance La Comunidad, QI Team	Begin active monitoring by July 2011.
10. Maintain and support activities of the Alamance County Youth Advisory Council (ACYAC)	Continuing	Amanda Marvin		Ongoing
11. Explore feasibility and implementation of expanding CenteringPregnancy to teens.	New	Karen Saxer, Dr. Kathleen Shapley-Quinn, Centering Pregnancy Coordinator		Explore feasibility beginning July 2011.
12. Explore feasibility of providing pre-pregnancy education to teens through use of Baby Think it Over dolls.	New	Amanda Marvin, Tiera Yancey, Eric Nickens, Jr.	Funding for dolls, possible staff member or reallocation of existing staff member duties	Explore feasibility beginning July 2011.

Priority Area:

CHRONIC DISEASE PREVENTION (Heart Disease, Diabetes, Stroke, Cancer)

Goal:

Alamance County residents will increase physical activity, improve healthy-eating habits and avoid tobacco.

Objective(s):

- **By 2013, increase physical activity levels of Alamance County residents.**
Original Baseline: Regular physical activity substantially reduces obesity as well as the risk of mortality from cancer, heart disease, and diabetes. It is recommended that 30-60 minutes be spent per day for 3-5 days a week being physically active. 36% of Alamance County residents meet this recommendation (compared to 42% for NC). 20.6% of Alamance County residents are physically inactive (compared to 18.2% for NC). 71% of diabetics do not meet physical activity recommendations and 84% of diabetics are overweight in Alamance County.
Date and source of original baseline data: 2007 Community Assessment (we are currently conducting/compiling our 2011 Community Assessment)
Updated information (For continuing objective only): N/A
Date and source of updated information: N/A

Targeted Population(s):

There is a disparity among minority populations. There is also a clear link between obesity, poor diet, and inactivity as those with these unhealthy lifestyle practices are at a higher risk for chronic disease development.

Total number of persons in the local disparity population(s): The total population in Alamance County is 145,360; where 18% are African American; 63% are overweight/obese (2007 Community Assessment).

Number you plan to reach with the interventions in this action plan: This action plan targets the entire population, with emphasis on minorities and those that are overweight. We are also focused geographically in the eastern part of Burlington, which is a lower socioeconomic area.

Source: Healthy Alamance 2011 Recertification Action Plan

Note: The Alamance County Health Department and Healthy Alamance follow the same objectives for health priority areas identified by the Community Health Assessment.

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Activities	New or Continuing	Team Member(s) Responsible	Stakeholders/Resources Needed	Timeframe for Activity
1. Continue to collaborate with and support the Healthy Alamance Chronic Disease Coalition to develop goals, objectives and strategies to reduce chronic disease rates in Alamance County.	Continuing	Glenda Linens, Barry Bass, Eric Nickens, Jr, April Durr	Healthy Alamance Chronic Disease Coalition, community feedback, possible grant funding	Ongoing
2. Identify specific roles and responsibilities for Board of Health and Health Department staff in relation to the strategies, goals, and objectives of the Health Alamance Chronic Disease Coalition	Continuing	Glenda Linens, Barry Bass, Eric Nickens, Jr, April Durr	Healthy Alamance Chronic Disease Task Force	Ongoing
3. Develop, implement, and evaluate media/awareness messaging to reinforce House Bill 2 (Smoke-free bars and restaurants law, enacted on 1/2/2010)	New	Glenda Linens, Eric Nickens, Jr., April Durr, Environmental Health, Laura Kruczynski		Beginning January 2012
4. Implement healthy eating policies in at least 10 organizations (faith communities, daycares, businesses)	Continuing	Glenda Linens, Rhonda Rambeaut	Healthy Alamance, Chronic Disease Task Force member Local Business Owners, Faith Community, Child Care Centers	June 2015

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Activities	New or Continuing	Team Member(s) Responsible	Stakeholders/Resources Needed	Timeframe for Activity
5. Provide wellness activities such as educational classes, special events, blood pressure / cholesterol screenings and flu shots to county employees.	Continuing	Glenda Linens, Michelle Zeizer Nicole Alston	County Wellness Committee, County Administration, County Commissioners. Increase Wellness budget to continue to offer and enhance these services to county employees.	Ongoing
6. Promote good oral health activities among children and parents of children ages 0-5, including but not limited to the addition of operative procedures.	Continuing	Barry Bass, Dr. Elizabeth Krzysztoforska, Karen Medlin		Ongoing
7. Establish a diabetes self management program in collaboration with the NC Division of Public Health.	Continuing	Gayle Shoffner, Michele Herbek, Dr. Kathleen Shapley-Quinn	Registered Nurse, Registered Dietician	As of July 2011, currently exploring feasibility.
8. Maintain existing capabilities and staffing to provide onsite colposcopy services.	Continuing	Dr. Kathleen Shapley-Quinn, Gayle Shoffner		Ongoing

Priority Area:

INFANT MORTALITY REDUCTION (Defined as infant who dies before his/her first birthday.)

Goal:

All Alamance County babies will be born healthy and will celebrate their first birthday.

Objective(s):

- By 2010, decrease the percentage of women who receive health department maternity services and who use tobacco during pregnancy by 25%. (Baseline data – A chart audit performed in 2005 indicated that 35% of maternity clients reported smoking during pregnancy)
- By 2015, reduce LBW (<2500 grams) from 8.7% to 7.0% (Baseline data from 2003 indicates LBW rate of 8.7%).
- By 2015, Reduce overall infant death rate from 8.7 deaths per 1000 live births to 7.4 deaths per 1000 live births (Baseline data from 2003 statistics).
- By 2015, decrease disparity between the white IMR and minority IMR by 50% (Baseline Data 2003: White IMR 6.1 and Minority IMR 19.9).

Activities	New or Continuing	Team Member(s) Responsible	Stakeholders/Resources Needed	Timeframe for Activity
1. Maintain Healthy Mothers, Healthy Babies (HMHB) Infant Mortality Coalition to address causes of infant deaths and identify strategies to improve birth outcomes.	Continuing	Stacie Turpin Saunders	ARMC, ACHD, Alamance Partnership for Children, local physicians, pharmacists, media, civic groups, support groups	Ongoing Activity (Partnership was established in June 2005, meets monthly)
2. Conduct perinatal / infant death review utilizing of GIS Mapping.	Continuing	Stacie Turpin Saunders, Dr. Kathleen Shapley-Quinn, Environmental Health Staff	HMHB, ACHD WIC, County Planning Dept, NC DPH, Alamance Partnership for Children, Epi Intern	Ongoing

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Activities	New or Continuing	Team Member(s) Responsible	Stakeholders/Resources Needed	Timeframe for Activity
3. Utilizing GIS Mapping, HMHB, the Alamance Partnership for Children (APC), and ACHD will address findings utilizing community-based interventions to address disparities.	New	Stacie Turpin Saunders, Dr. Kathleen Shapley-Quinn, Environmental Health Staff	HMHB, ACHD WIC, County Planning Dept, NC DPH, Alamance Partnership for Children, Epi Intern	Beginning January 2012
4. Explore feasibility of collaborating with the NC Health Start to carry out public awareness campaigns as a tool to educate the community (i.e. Safe Surrender Law, Shaken Baby Syndrome, Period of Purple Crying).	Continuing	Barry Bass, Eric Nickens, Jr., Stacie Turpin Saunders, ACHD WIC Staff	HMHB, funding from Triangle Community Foundation, funding from Healthy Alamance, ARMC	Ongoing
5. Increase the utilization social media (i.e. Faebook, Twitter) and social marketing as a tool to educate the community on various IMR issues and market the value of ACHD Clinical Services	New	Barry Bass, Dr. Kathleen Shapley-Quinn, Eric Nickens, Jr., Stacie Turpin Saunders, Gayle Shoffner, Clinic Coordinators	Explore feasibility of hiring FT dedicated media coordinator (Information and Communications Specialist) or reclassify existing Health Education position to Information and Communications Specialist	April 2011: Officially launch ACHD Facebook and Twitter Hire or reclassify existing position by July 2012
6. Identify funding to address the high infant mortality rate.	Continuing	Barry Bass, Eric Nickens, Jr., Stacie Turpin Saunders	Area Churches, HMHB, Grant Funding Sources	Ongoing

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Activities	New or Continuing	Team Member(s) Responsible	Stakeholders/Resources Needed	Timeframe for Activity
7. Explore feasibility of providing adult dental services at ACHD.	New	Barry Bass, Dr. Kathleen Shapley-Quinn, Dr. Elizabeth Krzysztoforska, Karen Medlin, Dr. Kary Dodd (Board of Health Dentist Rep.)	ACHD, Alamance-Caswell Dental Society	Beginning January 2012
8. Identify patient referral sources for adult dental providers.	New	Barry Bass, Dr. Kathleen Shapley-Quinn, Dr. Elizabeth Krzysztoforska, Karen Medlin, Dr. Kary Dodd (Board of Health Dentist Rep.)	ACHD, Alamance-Caswell Dental Society	Beginning July 2011
9. Provide information and/or training to new fathers on the harmful effects of second-hand smoke to newborns and provide referrals to quit line and other community resources.	Ongoing	Dr. Kathleen Shapley-Quinn, Stacie Turpin Saunders, Health Education Staff, Gayle Shoffner	Educational Materials from NC Healthy Start Foundation Plan, develop, implement, and evaluate billboard campaign focusing on men who are fathers as the target population to be reached.	Ongoing
10. Continue implementation of the 5 A's Counseling Approach in the ACHD Maternity Clinic and Women's Health Clinic.	Continuing	Dr. Kathleen Shapley-Quinn, Gayle Shoffner, ACHD LCSW, Laura Kruczynski, Nursing Staff	Assess on an on-going basis, what nurses and providers need to be trained. Utilize Licensed Clinical Social Worker to provide smoking cessation counseling to patients.	Ongoing

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11. Consider the implementation of including smoking status as a fifth vital sign.	New	Dr. Kathleen Shapley-Quinn, Gayle Shoffner, ACHD LCSW, Nursing Staff		Beginning July 2011
12. Continue provide prenatal vitamins to all women who test positive for pregnancy and all preconceptional health clients.	Continuing	Dr. Kathleen Shapley-Quinn, Michele Herbek, Gayle Shoffner, Stacie Turpin-Saunders	Maintain funding to purchase prenatal vitamins.	Ongoing
13. Evaluate ACHD Family Planning services to ensure the availability of early, late, and potentially weekend hours to meet the needs of the community.	Continuing	Dr. Kathleen Shapley-Quinn, Gayle Shoffner	Reorganize current nursing, administrative, and provider staff to provide coverage for extended clinics.	Ongoing
14. Explore and implement (if feasible) online appointment scheduling to increase accessibility of services to the community.	New	Dr. Kathleen Shapley-Quinn, Christy Bradsher, Karen Schwabrow, Eric Nickens, Jr., MIS Staff	Software compatible with InSight, electronic encryption capabilities to protect patient privacy.	Beginning January 2012
15. Provide training to ACHD staff and other community health providers on how to educate clients about the importance of good oral health during pregnancy.	Continuing	Dr. Elizabeth Krzysztowska, Karen Medlin, Dr. Kathleen Shapley-Quinn	FT Dental Hygienist to develop programming for use with staff and in the community. Incorporate education into CenteringPregnancy® program	Ongoing
16. Provide information/education to ACHD Maternity and Women's health clients on the importance of good oral health.	Continuing	Health Education, Gayle Shoffner, Maternity Clinic, Nursing Staff, Dental Clinic Staff	HMHB Coalition	Ongoing

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Activities	New or Continuing	Team Member(s) Responsible	Stakeholders/Resources Needed	Timeframe for Activity
17. Continue to provide prenatal / postnatal depression screening and assure that women are linked to providers.	Continuing	Dr. Kathleen Shapley-Quinn, LME, LME contractors, Charles Drew, Community Health Clinic, UNC Psych MD (consultant)	Work together to determine the best system of care for pregnant and post-partum women to get psych assessments and subsequent management.	Ongoing
18. Conduct HBI (Health Behavior Intervention) on high risk maternity clients	Continuing	Dr. Kathleen Shapley-Quinn, Gayle Shoffner, Nursing Staff		Began service in February 2007
19. Conduct Back to Sleep and Folic Acid awareness programs for women of childbearing age in community.	Continuing	Kelley Kimrey, Stacie Turpin Saunders, HMHB Coalition		Ongoing
20. Ensure that pregnant women who are identified as chemically dependent are offered appropriate follow up and treatment services.	Continuing	Dr. Kathleen Shapley-Quinn, Gayle Shoffner, Maternity Nursing Staff, WIC Staff	Work with local mental health entity to identify additional services for women and children. Partner with Horizons and involve them in HMHB Coalition.	Ongoing
21. Conduct a county-wide breastfeeding campaign and train peer counselors for breast feeding support	Continuing	Michele Herbek, WIC Staff, Stacie Turpin Saunders, HMHB Coalition		Ongoing
22. Continue to provide worksite programs on issues that impact infant mortality (i.e. smoking cessation, preconceptional health, and importance of prenatal care).	Continuing	HMHB Coalition, Glenda Linens, ARMC Lifestyle Center, Piedmont Health Coalition		Ongoing

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Activities	New or Continuing	Team Member(s) Responsible	Stakeholders/Resources Needed	Timeframe for Activity
23. Explore the feasibility of rewards for non-smoking health department staff.	New	Barry Bass, Glenda Linens, ACHD Management Team		TBD
24. Identify and implement (if feasible) evidence-based contraceptive compliance strategies among high risk clients.	New	Dr. Kathleen Shapley-Quinn, Stacie Turpin Saunders, Gayle Shoffner, Nekaya Harrelson, Kathleen Grasty, Women's Health Nursing Staff		TBD
25. Provide WIC services to program participants in a timely manner.	Continuing	Michele Herbek, Robin Robertson	Increase ability to provide clinic services and enroll postpartum women in WIC at ARMC.	Ongoing
26. Identify grant funding to establish an intensive home visiting program (nurse/family partnership).	Continuing	Barry Bass, Dr. Kathleen Shapley-Quinn, Stacie Turpin Saunders, Gary Ander	HMHB Coalition, Community Physicians, Community Care Network	TBD
27. Implement recommendations of Child Fatality Task Force to prevent deaths of children under age one.	Continuing	Barry Bass, Dr. Kathleen Shapley-Quinn, Eric Nickens, Jr., Kelley Kimrey	HMHB Coalition, Child Fatality Task Force, Alamance Safe Kids	Ongoing
28. Support efforts of SAMSA Grant activities to maintain mental health and developmental services for children age 0-5.	Continuing	Barry Bass, Dr. Kathleen Shapley-Quinn	HMHB Coalition, Child Fatality Task Force, ARMC, System of Care, Alamance Alliance, and other community providers who work with high risk infants	High Risk Infant Protocol Committee became part of Alamance SAMSA Grant received in 2008.

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Activities	New or Continuing	Team Member(s) Responsible	Stakeholders/Resources Needed	Timeframe for Activity
29. Provide individual education as well as group education (i.e. Centering) to ACHD clients on pregnancy, childbirth, parenting issues, and nutrition issues.	Continuing	Barry Bass, Dr. Kathleen Shapley-Quinn, Eric Nickens, Jr., Gayle Shoffner, Michele Herbek	Health Department Clinics (including WIC)	Incorporate education into six (6) CenteringPregnancy® Maternal Health Skills sessions by the end of 2012, eight (8) by the end of 2013.
30. Educate ACHD Staff on Cultural Competency in the provision of healthcare services	New	ACHD Leadership Team		Beginning January 2012

Priority Area:
YOUTH TOBACCO USE PREVENTION

Goal:

All Alamance County middle and high school students will choose to be tobacco free (cigarettes and smokeless tobacco).

Objective(s):

- By 2015, decrease tobacco use by middle and high schools students from 21% to no more than 12%. (Baseline Data - 2005 Spring Youth Risk Behavior Survey indicated that 21% of high school students smoke)

Activities	New or Continuing	Team Member(s) Responsible	Stakeholders/Resources Needed	Timeframe for Activity
1. Investigate incentives for government entities to implement tobacco-free polices.	Continuing	Glenda Linens, Laura Kruczynski	Work with Substance Abuse Task Force and Chronic Disease Coalition. *Partner with NC Alliance for Health (Pam Seamans)	ARMC – tobacco-free as of February 2008, ABSS tobacco-free as of August 2008.
2. Develop, implement, and evaluate media/awareness messaging to reinforce House Bill 2 (Smoke-free bars and restaurants law, enacted on 1/2/2010)	New	Glenda Linens, Eric Nickens, Jr., April Durr, Environmental Health, Laura Kruczynski		Beginning January 2012

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Activities	New or Continuing	Team Member(s) Responsible	Stakeholders/Resources Needed	Timeframe for Activity
3. Develop, implement, and evaluate a media campaign on the benefits of being a tobacco free workplace.	Continuing	Glenda Linens, Eric Nickens, Jr., April Durr, Environmental Health, Laura Kruczynski	Partner with Healthy Alamance to conduct a community wide media campaign.	Ongoing
4. Provide support for existing 100% tobacco-free campus policy for the Alamance-Burlington School System (ABSS) by promoting cessation and alternative to suspension (ATS) programs.	Continuing	Health Department, Substance Abuse Task Force, ABSS	School Board, Board of Health, community and parent support	Ongoing <i>State law now mandates all campuses be tobacco-free as of August 2008.</i>
5. Provide Smoking Cessation activities for county employees, school employees, and Alamance County residents	Continuing	Health Department, , ARMC, Glenda Linens, School Nurses	Alamance County wellness committee	Ongoing
6. Establish tobacco-free campus at Alamance County Human Services Center.	Continuing	Barry Bass, Glenda Linens, April Durr, Laura Kruczynski, Wellness Committee	Department Heads of HSC, Board of Health, Board of Commissioners	TBD <i>Presented to Commissioners in 2006 and was not supported. Buffer is currently set at 30 feet.</i>

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Activities	New or Continuing	Team Member(s) Responsible	Stakeholders/Resources Needed	Timeframe for Activity
7. Encourage maternity clients to sustain a non-smoking status prior to and following delivery and/or support cessation efforts through medication therapy.	Continuing	Gayle Shoffner, Dr. Kathleen Shapley-Quinn, Mary White, WIC Staff	Postpartum nurse, Maternity Clinic, Family Planning Clinic, Maternal Care Coordination, Child Service Coordination, Lay Health Advisors, Clinical Social Worker, Duke-Quit for 2 Program, Minute to Ask Initiative, NC Quitline Approach HMHB Coalition about promoting You Quit, Two Quit to private practice physicians	Ongoing
8. Provide support to TRU groups and DREAM Teams in schools	Continuing	Amanda Marvin, Glenda Linens, Laura Kruczynski	Burlington Parks and Recreation, Graham Middle School, Adolescent Health Partnership, Healthy Alamance Substance Abuse Task Force	Ongoing
9. Support the establishment of tobacco-free parks and recreation areas throughout Alamance County.	New	Barry Bass, Glenda Linens, April Durr, Laura Kruczynski,	Parks and Recreation Departments, local municipalities, Board of County Commissioners, NC Tobacco Prevention and Control Branch, Pediatric Asthma Coalition, Chronic Disease Coalition, TRU Groups and DREAM Teams	TBD

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Priority Area:

ENVIRONMENTAL HEALTH HAZARDS PREVENTION

(Food Protection, Vector Borne Illness, Air Quality, Water Quality, Lead Poisoning/Other Hazards)

Goal:

All Alamance County residents will live in sustainable, healthy environments free from hazards

Objective(s):

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Food Protection				
Activities	New or Continuing	Team Member(s) Responsible	Stakeholders/Resources Needed	Timeframe for Activity
1. Receive Certification in at least three (3) Voluntary National Retail Food Regulatory Program Standards	New	Carl Carroll, Environmental Health Staff	Facility Managers, FDA Staff, and EPI Team	May 2011: At least one (1) May 2012: At least two (2) May 2013: At least three (3)
2. Increase the number of Serve Safe type classes provided from 2 to 3.5 with one being a class for Spanish Speakers every other year.	New	Carl Carroll, Environmental Health Staff	NCSU Staff	Calendar Year 2012: Conduct two (2) English and one (1) class for Spanish Speakers Calendar Year 2013: Three (3) English
3. Continue with State mandate of 100% Compliance of Inspections	Continuing	Carl Carroll, Environmental Health Staff	Staff	Yearly
4. Establish email address for at least 80% of food service facilities	New	Carl Carroll, Environmental Health Staff	CDP software	June 2012

Vector Borne Illness				
Activities	New or Continuing	Team Member(s) Responsible	Stakeholders/Resources Needed	Timeframe for Activity
5. Conduct media campaign at a “teachable moment” (i.e. – West Nile Virus case identified in NC) and provide a yearly letter to all physicians	Continuing	Dr. Kathleen Shapley-Quinn, Environmental Health Staff, Health Education	Media Outlets (TV, Radio, Newspaper, local newsletters/magazines)	Seasonal (April – September)
Air Quality				
Activities	New or Continuing	Team Member(s) Responsible	Stakeholders/Resources Needed	Timeframe for Activity
6. Investigate childcare centers with high asthma rates	Continuing	Kelley Kimrey, Betsy Meeks, Alamance Partnership for Children, Child Care Providers, Home Day Care Providers	Identify daycare centers by reviewing the number of asthmatic children at each facility. Daycares with highest numbers of asthmatic children will be referred to Environmental Health. Environmental Health will conduct an indoor assessment at the identified facilities.	July 2012: Obtain number of children with asthma at centers August 2012: Environmental Health will prioritize list. March 2013: Environmental Health will conduct indoor assessments.

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Activities	New or Continuing	Team Member(s) Responsible	Stakeholders/Resources Needed	Timeframe for Activity
7. Continue education on air quality index	Continuing	Environmental Health, Health Education	Provide AQ handouts at strategic point of purchase/ point of use locations that describe index as well as what consumer can do to decrease their impact on pollutants	Quarterly beginning July 2011
8. Increase monitoring of compliance with Bar and Restaurant Law	Continuing	Environmental Health	Make visits to all bars	Biannually beginning January 2012
Water Quality				
Activities	New or Continuing	Team Member(s) Responsible	Stakeholders/Resources Needed	Timeframe for Activity
9. Conduct an awareness campaign on the importance of proper disposal of pharmaceuticals and household chemicals	Continuing	Health Education, Environmental Health	Send notification via press release to all media outlets regarding availability of this information. Develop a flyer that advertises the free Pesticide Day(s) and a flyer that explains proper pharmaceutical disposal.	Press Release: December 2012 Flyer Development: May 2012
10. Establish procedures and implement collection of GPS Location of all wastewater systems when environmental health service is provide	New	Carl Carroll, Environmental Health	Purchase 2 additional Trimble Geo XH handhelds with software and provide training to all Environmental Health Staff in the use of hardware and software	June 2014

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Activities	New or Continuing	Team Member(s) Responsible	Stakeholders/Resources Needed	Timeframe for Activity
11. Establish a comprehensive electronic monitoring schedule for all type IIIb, IV, V, and VI wastewater systems to include GPS of System	New	Carl Carroll, Environmental Health, MIS, GIS	MIS Staff and Education on software	March 2013
Lead Poisoning and Other Hazards				
Activities	New or Continuing	Team Member(s) Responsible	Stakeholders/Resources Needed	Timeframe for Activity
12. Provide Healthy Home Assessment to all lead case investigations	Continuing	Carl Carroll, Environmental Health	Training on Health Home Process	April 2012
13. Continue Safe Kids Alamance Coalition Participation too Increase educational awareness of lead poisoning and other health home preventative measures	Continuing	Gayle Shoffner, Michele Herbek, Carl Carroll, Nursing, WIC and Environmental Health Staff	Training on Health Home Process Participate in sponsored events with captive audiences	Ongoing
14. Continue county lead screening activities including: monitoring of percentage screen and number of lead poisoned children	Continuing	Gayle Shoffner, Carl Carroll, Nursing, and Environmental Health Staff	Review screening levels and establish strategies if: a) Screening levels drop below 50%, or b) Number of cases increase to >17 for 1-2 year olds or percentage poisoned by lead is >0.8% .	Meet quarterly beginning April 2011

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Activities	New or Continuing	Team Member(s) Responsible	Stakeholders/Resources Needed	Timeframe for Activity
15. Provide Healthy Home Assessment to all families receiving a case management visit from nursing staff	Continuing	Carl Carroll, Environmental Health	Training on Health Home Process	July 2012
Other				
Activities	New or Continuing	Team Member(s) Responsible	Stakeholders/Resources Needed	Timeframe for Activity
16. Eliminate Board of Health Rule for Manufactured Home Parks	New	Environmental Health Staff, Planning Staff, Board of Health, County Commissioners	Meet with Planning Staff and draft additions to County Manufactured Home Park Ordinance	December 2011

UNINTENTIONAL INJURY PREVENTION

Goal:

All Alamance County residents will be free from deaths related to unintentional injuries.

Objective:

- By 2015, the death rate for unintentional injuries for all ethnic/racial populations will be no more than the overall state death rate for unintentional injuries. (Baseline Data per 100,000 population – In 2003, the total death rate for unintentional injuries was 32.3 in Alamance County and 25.6 in NC. **Alamance Death Rate for Males** – white males 2.6, black males was 3.1, all minority males 3.8. **NC Death Rate for Males** - white males 4.0, black males 2.8, all minority males 2.9. **Alamance Death Rate for Females** – white females 2.3, black females 1.5, all minority females 1.5. **NC Death Rate for Females** – white females 2.9, black females 1.9. all minority females – 1.9.
- By 2015, the death rate for unintentional motor vehicle injuries for all ethnic/racial populations will be no more than the overall state death rate for motor vehicle injuries. (Baseline Data per 100,000 population – The 2003 total death rate for motor vehicle injuries was 19.1 in Alamance County and 19.4 in NC. **Alamance Death Rate for Males** – white males 27.9, minority males 40.0. **NC Death Rate for Males** - white males 27.2, minority males 31.7. **Alamance Death Rate for Females** – white females 11.0, minority females 11.9. **NC Death Rate for Females** – white females 12.0, minority females 11.3.

Activities	New or Continuing	Team Member(s) Responsible	Stakeholders/Resources Needed	Timeframe for Activity
1. Promote and utilize the services/resources of the Carolinas Poison Center to decrease the number of unintentional poisonings in children from birth to age 14, internally and in the community.	Continuing	Dr. Kathleen Shapley-Quinn, HD Clinic Staff, Health, Kelley Kimrey, April Durr, Eric Nickens, Jr.	<ul style="list-style-type: none"> • Carolinas Poison Center • Healthy Alamance • Safe Kids of Alamance County 	Ongoing

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Activities	New or Continuing	Team Member(s) Responsible	Stakeholders/Resources Needed	Timeframe for Activity
2. Obtain data and determine leading causes of calls to the Carolinas Poison Center for children birth to age 14 residing in Alamance County. Findings will be utilized to develop targeted educational strategies and interventions.	New	Dr. Kathleen Shapley-Quinn, Kelley Kimrey, April Durr	<ul style="list-style-type: none"> • Carolinas Poison Center • Healthy Alamance • Safe Kids of Alamance County • Alamance Regional Medical Center • UNC Hospitals • Duke University Hospital • Cone Health 	December 2012
3. Assist and/or support at least three Operation Medicine Drop events per year.	Continuing	Kelley Kimrey, April Durr	<ul style="list-style-type: none"> • Healthy Alamance • Safe Kids of Alamance County • Local law enforcement • Area pharmacies 	Ongoing
4. Support the efforts of Healthy Alamance, health promotion, and other advocacy groups to encourage local municipalities to increase the development of sidewalks and bike lanes (for safety and wellness/disease prevention)	Continuing	Barry Bass, Dr. Kathleen Shapley-Quinn, Glenda Linens, April Durr	<ul style="list-style-type: none"> • Healthy Alamance • Safe Kids of Alamance County • Local government municipalities • NC Department of Transportation 	Ongoing
5. Obtain data to determine the leading causes of emergency department visits, as well as deaths related to motor vehicle accidents, bike injuries, pedestrian injuries, etc. for children birth to age 14 residing in Alamance County. Findings will be utilized to develop targeted educational strategies and interventions.	New	Dr. Kathleen Shapley-Quinn, Kelley Kimrey, April Durr	<ul style="list-style-type: none"> • Healthy Alamance • Safe Kids of Alamance County • Alamance Regional Medical Center • UNC Hospitals • Duke University Hospital • Cone Health 	December 2012

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Activities	New or Continuing	Team Member(s) Responsible	Stakeholders/Resources Needed	Timeframe for Activity
6. Conduct bike safety programs in the community that promote the use of bike helmets.	Continuing	Kelley Kimrey, April Durr	<ul style="list-style-type: none"> • Healthy Alamance • Safe Kids of Alamance County • Local law enforcement 	Ongoing – Seasonal
7. Advocate for law enforcement and the judicial system to explore the feasibility of utilizing alcohol interlocks for all DWI offenders.	New	Amanda Marvin, Dr. Kathleen Shapley-Quinn	<ul style="list-style-type: none"> • Local law enforcement • Judicial system • Child Fatality Task Force 	June 2013
8. Advocate for law enforcement, elected officials, and the judicial system to explore the feasibility of evidence-based driver education programs and graduated licensure and training requirements for motorcycle and moped operators.	New	Dr. Kathleen Shapley-Quinn	<ul style="list-style-type: none"> • Local law enforcement • Elected officials • Judicial system • Child Fatality Task Force 	June 2013
9. Conduct an education/awareness campaign on drowning prevention.	Continuing	Kelley Kimrey, April Durr	<ul style="list-style-type: none"> • Healthy Alamance • Safe Kids of Alamance County • Local recreation and parks departments 	Ongoing – Seasonal
10. Work with local law enforcement and the judicial system to educate the community about the importance of firearm safety when children are present in the home.	New	Barry Bass, Dr. Kathleen Shapley-Quinn, Kelley Kimrey, April Durr	<ul style="list-style-type: none"> • Healthy Alamance • Safe Kids of Alamance County • Local law enforcement • Judicial system 	Ongoing

Priority Area:
PUBLIC HEALTH PREPAREDNESS AND RESPONSE

Activities	New or Continuing	Team Member(s) Responsible	Stakeholders/Resources Needed	Timeframe for Activity
1. 100% of ACHD staff in every program will be able to identify the CDC-defined public health target capabilities and recognize their role in support of these capabilities.	New	Management Team	<ul style="list-style-type: none"> • Health Department Staff • NC Office of Public Health Preparedness and Response (PHP&R) • CDC Target Capabilities March 2011 and associated Agreement Addenda for NC local health departments • NC PPHR Public Health Directive for NIMS/ICS training 2010 • ACHD Workforce Development Plan • Time at an agency-wide staff meeting, reinforcement through daily public health activities and performance measures 	February 2012

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Activities	New or Continuing	Team Member(s) Responsible	Stakeholders/Resources Needed	Timeframe for Activity
2. Participate in at least two (2) local, regional, or statewide exercises per year as established by the Public Health Preparedness and Response Agreement Addendum. During these exercises, we will test and refine our performance in meeting target capabilities.	New	PHP&R Coordinator, Management Team, Epi Team	<ul style="list-style-type: none"> • Local and State Emergency Management and unified command partners. • Alamance County Strategic National Stockpile (SNS) Planning Team, NC Office of Public Health Preparedness and Response (PHP&R) Regional Teams 	Please refer to state, regional, and local three-year training calendars for 2012-2014.
3. When clear results are achieved following a response, share successes and lessons learned with at least two (2) external agencies.	New	PHP&R Coordinator, Management Team, Public Information Officer, Board of Health	<ul style="list-style-type: none"> • After-action reports • Effective evaluation and communication skills • ACHD Communications Plan 	Ongoing
4. Demonstrate ability to direct and support an event or incident with public health implications. Public health will function in the Alamance County Emergency Operations Center.	New	PHP&R Coordinator, Management Team	<ul style="list-style-type: none"> • ICSolutions Local Incident Management System • ICS/NIMS trained workforce • Functional plans with Regional PHP&R • Alamance County EOP 	Ongoing
5. Increase the percentage of infectious disease outbreak investigations that generate reports that contain all minimal elements.	New	PHP&R Coordinator Management Team, Epi Team	<ul style="list-style-type: none"> • NC Communicable Disease Branch, Regional PHP&R Team, NC Communicable Disease Manual 	Ongoing

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Activities	New or Continuing	Team Member(s) Responsible	Stakeholders/Resources Needed	Timeframe for Activity
6. Public health staff participating in epidemiological investigations should receive awareness-level training with the Homeland Security Exercise and Evaluation After-Action Report process.	New	PHP&R Coordinator Management Team, Epi Team	<ul style="list-style-type: none"> • HSEEP Trainer • NCEM TERMS Training 	July 2012